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A Dissertation  
on  
Hepatitis

by . Gregory paper Mar. 11. 1857

confused and erroneous  
form of this disease is

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I have selected for this essay Hepatitis  
or Inflammation of the Liver, It is a subject to  
which Physicians have devoted much attention,  
and on the cause and cure of which, much ingeni-  
ous speculation has been offered.

Inflammation of the Liver is usu-  
ally divided by practical writers into the Acute  
and Chronic, There appears to be a great diversity  
of opinion as respects the occurrence of one or the  
other form of this disease. We find one writer  
almost denying the existence of a chronic In-  
flammation of the Liver while another of no  
less respectability informs us it is of most fre-  
quent occurrence

This division of the disease appears  
to be necessary for our successful treatment of  
it for unless we keep it in view together with  
many intermediate grades, our ideas of the  
nature of this affection, and the mode of  
treatment, must be confused and erroneous.

The Acute form of this disease is

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said to be an affection of the membranous parts of the Liver and the Chronic of the Parenchymatis. The glandular substance of the Liver is possessed of but little sensibility while the vascular and ligamentous parts are acutely sensible when diseased, consequently in the Acute Hepatitis there is great pain, Pyrexia, and a frequent <sup>hard</sup> pulse. While in the chronic affections of the Liver there is but little pain or sensation of the part, neither does the Arterial system appear to sympathize with it, as the pulse is seldom affected so that it is frequently far advanced in its progress before it is perceived; again cases not unfrequently occur which perhaps are of a mixed form where the pulse is constantly hard and sometimes increased considerably in frequency.

All acute diseases of the Liver are not attended with great pain, for they are often rapid in their progress and suppuration far advanced before they cause much alarm. But in other cases where the progress is not much more rapid, the pain is extremely acute.

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This difference appears to depend altogether on the seat of the affection, When the ligaments are affected the pain is great but when the extreme parts of the lobes are the seat of the disease the pain is the least

Diseases of this vesicles are most common in very warm climates after rainy seasons. In this country however those of a bilious predisposition and who are intemperate, are liable to Hepatic complaints. Also those who reside in low marshy situations during wet weather especially if they are inactive and labour under anxiety of mind. That diseases of the Liver are of frequent occurrence in this country, cannot be doubted, though frequently they may continue for a length of time without being suspected, the patient believing his disease to be seated in the stomach &c

These affections of the Liver are sometimes so obscure that it is extremely difficult to distinguish them. They advance slowly & almost

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imperceptibly, producing but little uneasiness and at first are disregarded by the patient.

Many remote causes of Hepatitis may be enumerated. First, External violence, from contusions or falls especially those that injure the cranium. Secondly, Exposure to the heat of the day, or exposure to the cool night air after the heat of the day. Thirdly, the frequent use of spirituous liquors and intemperance of all kinds. Fourthly, Miasmata. Fifthly, violent bodily labour or exercise. Sixthly, Intermittents or Remittent Fevers. Seventhly, Irritating substances in the Stomach. The Liver and the Stomach appear to sympathize very generally with one another through the medium of the Biliary ducts & intestines as we may observe, from the exhibition of an emetic, or the next day after a debauch, there appears to be a redundancy and frequently a vomiting of Bile, Next to the effects of heat on the Liver the use of Spirituous liquors produce the most pernicious consequences

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For in all countries those who make use of  
them, to excess are very frequently affected  
in this part.

This affection so various in its nature  
and the causes that produce it, must re-  
quire very different modes of treatment.  
But as a view of all the different grades of  
this disease, would require more space, than  
may be awarded to an inaugural essay, I  
shall only notice the Acute form of Hepatitis.

It mostly commences with a sense  
of chilliness or shivering which in many  
cases is very slight and scarcely recollect-  
ed by the patients, followed by an increase  
of heat and an increased frequency of pulse  
with pain in the right Hypochondrium  
extending along the margin of the ribs  
and up to the shoulder sometimes affec-  
ting the back, Scapula, and clavicle, the  
pain is, sometimes dull, sometimes sharp,  
increased by pressure on the side below.

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the false ribs, sometimes attended with cough, difficult breathing, inability to lay on the opposite side, loss of appetite and great thirst. The tongue is generally covered with a white crust, sometimes yellowish. Great watchfulness and occasional delirium. The urine is secreted in small quantities and frequently tinged with bile; the bowels are costive. There is a strong hard and frequent pulse that sometimes intermits. Jaundice is a frequent occurrence when the disease continues for several days, and is mentioned by some writers as a constant symptom, but it is not a necessary consequence as it depends on the seat of the inflammation. If the inflammation is seated on the convex part of the Liver and does not extend to the Gall ducts the yellow colour of the skin & Eyes will not take place since the passage of the bile into the Duodenum will continue open. Generally there is an absence of Nausea sometimes however Nausea & vomiting occur to a high degree.

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Hepatitis may terminate in Resolution, Suppuration, Excoriation, or Gangrene. The resolution is to be attempted and is frequently accomplished by the vigorous use of all the antiphlogistic measures. It is frequently the consequence of various spontaneous discharges, sometimes Hemorrhage from the nostrils or Hemorrhoidal vessels has preceded the solution of the disease, or a bilious diarrhoea or sweat, or an evacuation of urine depositing a copious sediment has contributed to the same event, or the appearance of an Erysipelatous inflammation on some external part.

Resolution should always be attempted, for should the disease proceed on to suppuration the recovery must be much protracted. The case is still not altogether hopeless for the abscess may point externally and be discharged by an opening through the integuments or it may have formed adhesions (by means of the previous inflammation) either with the Stomach Diaphragm or intestines and the matter have a

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favourable exit. If the adhesions are between the stomach or intestines the matter may be discharged by vomiting or with the feces and the abscess will in a short time heal and the patient recover. But when adhesions have formed between the abscess and Diaphragm, and between that and the Lungs, the patient is generally destroyed, by the matter bursting suddenly <sup>into</sup> the lungs and producing suffocation, or being harassed by continued coughing and worn out with hectic fever he sinks under the disease.

If the symptoms of fever and pain do not abate with the use of the usual remedies, on the contrary if they continue violent or increase suppuration will probably take place. The commencement of suppuration is denoted by a diminution of the pain while the other symptoms remain, which is succeeded by a sensation of weight and oppression with a throbbing or pulsation attended with frequent rigors, flushings of the countenance and an accession of fever towards

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Hepatitis may be mistaken for Pleurisy, Peripneumony or Gastritis in consequence of its vicinity, to the lungs and stomach, as also for spasm of the Gall ducts and Rheumatic affections of the muscles of the side, But we may generally distinguish it from these by attending to the cause and progress of the disease

Dr Pemberton in his treatise on the viscera has delivered some observations by which we may be directed in distinguishing Hepatitis from these affections, First By remarking that in Hepatitis a gradual inspiration does not produce cough although it increases the pain, Secondly that the pain is increased by gon the pressure under the margin of the ribs, which would not be the case, if the inflammation was within the chest: and thirdly that the cough is found to have succeeded the pain <sup>not</sup> or to have been casual with or preceded it several days as in Pleurisy, Also in Pleurisy the pain is much

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aggravated by lying on the affected side, whereas in Hepatitis the patient is most easy in that situation.

It may be distinguished from Gastritis by an absence of that extreme sense of heat and pain which accompanies an inflamed stomach, especially after taking any thing into it, as well as the great and sudden sickness which occurs from the same cause.

Hepatitis may be distinguished from spasm on the Gall-ducts by there being no nausea, by the pain being permanent, by the pulse being upwards of one hundred in a minute, and by the patient preferring to keep the body in a straight quiet posture, whereas the greatest ease when there is spasm on the Gall-ducts is obtained by bending the body forwards on the knees.

In the case of muscular pain there is little or no fever. It moves from one place to another and it frequently alternates with pains in other parts of the body.

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In the cure of Acute Hepatitis, the first object to be attended to, is to apply our remedies so as to arrest the inflammation before suppuration commences. To attain this object every part of the antiphlogistic practice must be pursued and every thing is to be avoided which has any tendency to produce irritation or increase the inflammation. All stimulants of what ever nature must be guarded against and every circumstance of regimen and medicines which are of a cooling nature is to be attended to.

Blood-letting should be had recourse to and is to be considered as the most effectual in subduing the inflammation. The quantity that is taken is to be proportioned to the severity of the pain and fever that is present. It may on some occasions be necessary to repeat it 4 or 5 times in the course of 2 or 3 days if the symptoms run high and the external appearance such as flushed face &c shew signs of an inflammatory disposition and

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the patient is young and strong. No general rule however can be laid down as to the quantity or the frequency of the bleeding as these must depend upon the strength and age of the patient the violence of the symptoms and its effects on the pulse

Cathartics are especially adapted to the cure of this disease as they not only act on the system at large but they operate almost immediately on the diseased part. They lessen the distention of its vessels by aiding the passage of the bile into the duodenum, and determine the blood to and remove any irritating matter that may be lodged in the intestines. As to the kind of cathartics the neutral salts &c. &c. seem to appear from their sedative and cooling nature to be the most suitable. A dose should be given immediately after the first bleeding and repeated every day or every other day as the symptoms may require. Some Physicians however give a decided preference to mercurial purges especially

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Calomel, Dr Curry ascribes its superior efficacy to its peculiar property of evacuating the ducts of the Liver and he considers its operation in this way as often superseding the necessity of Blood-letting. His plan is to give 3 or 4 Grains of Calomel every 4 or 6 Hours according to the urgency of the symptoms. He says the bowels may be cleared by other purgatives without much relief, and even calomel is often attended with little if any advantage, if it is not retained some time in the bowels.

Its particular beneficial effects he ascribes to its lessening or removing that inflammatory constriction of the ducts which occasions the bile to be retained in the ducts of the Liver. For says he other medicines whose cathartic effects are much greater are by no means of equal service, and when calomel itself passes speedily, he has been obliged to assist its relaxing power on the biliary ducts by combining it with Opium and Antimony.

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From the powerfully stimulating properties of mercury when retained in the system, I should consider it as altogether improper in the Acute Hepatitis and if used in that way it would tend to stimulate the arterial system, into more powerful action, and accelerate the formation of pus. Simply as a purgative perhaps it may be used with safety, but I do not conceive that it is to be preferred to the neutral salts.

Should the symptoms continue violent after the use of the Sarcot and cathartics a large Blister should be applied over the region of the Liver, and in preference to keeping the blisters running by irritating ointments, it is found to be most serviceable to repeat the plaisters when the discharge ceases.

Rest should be enjoined, and we should support the moisture on the skin by warm bathing of the lower extremities and small doses of antimonials, avoiding sudden cold or any agitation of mind or body. The exhibition

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of antimonials should be cautiously managed for fear they promote vomiting a circumstance we should guard against, unless in some particular cases where we have evidences of the presence of pus, and we may suppose the agitation of the stomach by emesis will be serviceable in promoting its evacuation.

The patient should be supported by a light abstemious diet at the same time avoiding all fermented or spirituous liquors, By these measures if steadily pursued in the early part of the disease we may generally succeed in abating the inflammation and preventing the formation of pus the principal object to be attained.

When by an early and judicious use of these antiphlogistic measures there is an abatement in the pain and fever it may be necessary and will be safe to secure the patient from any chronic obstruction, to resort to the use of Mercury —

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And its introduction into the system through  
the skin appears to be the preferable mode  
this may be done by rubbing on the side every  
night  $\frac{1}{2}$  or  $\frac{3}{4}$  of Ungt Mercurii, if the pain  
and fever be reproduced by it, it should  
be immediately layed aside. But if the  
patient be relieved from any remaining  
pain dulness or weight of the side it will  
be advisable to continue its use for several  
days or untill it causes a tenderness of the  
mouth

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